Date In: 13 1115-13:03	Jeb descripti	on	Date &Time Completed	Don	e by
Res No: NA Supergozon 77/24	SAS e-filin				
Veh No: GBP 97115		ia Shrs, AIC 2hrs)			
D.O.A: M11/19-14:30	i-Motor Cl		1		
		O (Within: OD 2hr:	lė .		
OD (TP ! Reporting Only	i-Photo Up		(, TP 4hrs)		
TP Insurer:		Survey Report			
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report	by Fax / Hand t			
The state of the s				ax:	
	Pood	INC ()/Non-INC()		
Owner / Driver: (Tel:)	The state of the s
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-10	00%]	TE REPORTE
Year of Registration: ()	Warranty: YES ()/NO()		- V2 1.V
Excess: (\$) Loading: \$1,0	000 ()/\$2,00	0()			1000
General Remarks:	Telescoponicas	(1) (2) (N. 153) (A		95 K. T.	
A SOUTH THE PROPERTY OF THE PR				Cott Projes	-
() Walk-In Customer: Customer's info			ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.				
Drive-In ()/ Towed-In (); Invoice	: YES()/	NO(); To	wing Co: ()
		NO();To	wing Co: (:2000 800 800 700 700)
Remarks: (INC hotline: 6788 6616)		NO();To	wing Co: (Done) by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C		NO();To		Done	by
Remarks: (INC hotline: 6788 6616)		NO();To		Done) by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection	Courtesy Car (NO();To)		Done) by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car (NO();To))		Done) by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection	Courtesy Car (NO();To))		Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ())	Date&Timb Completed*	Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ())		Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ())	Date&Timb Completed*	Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ())	Date&Timb Completed*	Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ())	Date&Timb Completed*	Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ())	Date&Timb Completed*	Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ())	Date&Timb Completed*	Done	hy
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ()	Date&Timis Completad		
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Courtesy Car ()	Date&Timb Completed*	Done Ant (5)	Amt (
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Courtesy Car (Invoice Preparation of the Prepa	Date&Time Completed Tration Checklist eporting (\$30);	Ant (5)	Amt (
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions umant's Particulars:	Courtesy Car (Invoice Preps 1) AR: Accident R 2) DA: Damage A	Date & Time Completed aration Checklist eporting (\$30); ssessment (\$100); INC (\$80)	Ant (5)	Amt (
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Courtesy Car (Invoice Preparation of the Prepa	Date & Time Completed Date & Time Completed Tration Checklist eporting (\$30); ssessment (\$100); INC (\$80) \$40/\$	And (5) fat Bill	Amt (
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions umant's Particulars:	Courtesy Car (Invoice Preps 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thri	Date & Timis Completed aration Checkdist eporting (530); ssessment (5100); INC (580) 540/5 ough Survey \$1	And (5) fat Bill	Amt ()
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions dimant's Particulars:- ver/Owner:	Courtesy Car (Invoice Prep: 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For cleiming age	Date&Time Completed paration Checklist eporting (530); seessment (5100); INC (580) S40/5 ough Survey (Started) ough Survey (Resurvey) start INC Only (wef 10 Jan 2005)	And (5) (5st Bill 45 20 30	Amt ()
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions umant's Particulars:- ver/Owner:	Courtesy Car (Invoice Preps 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thri	Date&Time Completed Paration Checklist Eporting (530); Essessment (5100); INC (580) S40/5 Sugh Survey (51 Sugh Survey (82 Suph Survey (83 Suph Survey (84 Suph Survey (84 Suph Survey (84 Suph Survey (85 Suph Survey (Ant (5) fst Bill 45 20 30	Amt ()
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions dimant's Particulars:- ver/Owner:	Courtesy Car (Invoice Preps 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspection 7) N1: Idae DA + 8 8) NTUC Additional	Date & Time Completed aration Checkdist eporting (\$30); ssessment (\$100); INC (\$80) \$40/\$ ough Survey (Resurvey) inst JNC Only (wef 10 Jan 2005) on \$50MRT Survey \$11	Ant (5) fst Bill 45 20 30	Amt ()
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions umant's Particulars:- ver/Owner: naged Portion:	Courtesy Car (Invoice Preps 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspection 7) N1: Idae DA + 8 8) NTUC Additional OD*	Date & Time Completed Tration Checklist eporting (530); ssessment (5100); INC (580) Suph Survey (8 survey) 5: ough Survey (Resurvey) 5: on 5 SMRT Survey (510) SMRT Survey (510) SIMRT Survey (510)	Ant (5) (5st Bill 45 20 30 75	Amt (J
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions dimant's Particulars:- ver/Owner:	Courtesy Car (Invoice Prep: 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspection 7) N1: Idae DA + S 8) NTUC Additional OD* *N5: Courtesy Cou	Date & Time Completed Tration Checklist eporting (530); seessment (5100); INC (580) Sugh Survey (51 ough Survey (8200) Sinst JNC Only (wef 10 Jan 2005) on 5 SMRT Survey (51 SMRT Survey	Amil (5) fat Bill 45 20 30 75 60	Amt ()
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions ulmant's Particulars:- ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car (Invoice Preps 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspection 7) N1: Idae DA + 8 8) NTUC Additional OD*	Date & Time Completed Tration Checklist eporting (530); ssessment (5100); INC (580) Sugh Survey (8 survey) 5: ough Survey (Resurvey) 5: on 5 SMRT Survey (8 survey) 5: on 5 SMRT Survey 51: on 5 SMRT Survey 51: or 7 Tpt Allowance ordination 5	Ant (5) (5st Bill 45 20 30 75	Amt (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions umant's Particulars:- ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car (Invoice Preps 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thre For claiming aga 6) TR: Re-inspection 7) N1: Idae DA + S 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect *N8: DV / Collect	Date & Time Completed Paration Checklist Excessment (\$100); INC (\$80) Sugh Survey \$1 Sinst INC Only (wef 10 Jan 2005) Sinst Inspection \$1 It Excess Coordination	Amit (5) fist Bill 45 20 30 75 600 \$55 100 225 553	Amt (I
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions ulmant's Particulars:- ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car (Invoice Preps 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thre For claiming aga 6) TR: Re-inspection 7) N1: Idae DA + S 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect *N8: DV / Collect	Date & Time Completed Paration Checklist Eporting (\$30); Essessment (\$100); INC (\$80) Sugh Survey (\$100); End of the characteristic of the characteri	Amit (5) fat Bill 45 20 30 75 60 60 60 25	hy Amt (3

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
PROPERTY OF THE PROPERTY OF TH	ACCIDENT STATEMENT
Date Of Report	13/11/2019 17:00
Date Of Accident	12/11/2019 04:30
Exact Location Of Accident	HOUGANG MALL LOADING/UNLOADING BAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF9711S
Insured/Policyholder	
Name Of Registered Owner	SIATYUN (S) PTE LTD
Co Reg No	199903131H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67441277
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 3.0 MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/19/VC00/103516
Cover Note Number	
Driver	
Name of Driver	SORILI MEHEDI HASAN

Driver	
Name of Driver	SOBUJ MEHEDI HASAN
Passport No/FIN	G2563097T
Date Of Birth	04/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98334240
Fax Number	
Contact Number	OFFICE-98334240

NOEMAIL

EMail Address

Address

86 GEYLANG BAHRU

#01-2698 GEYLANG BAHRU INDUSTRIAL ESTATE

Postcode

339694

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

3

NAME:

1 *

: MALE

Passenger 2

NAME:

GENDER:

. +

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP9600D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 11

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/11/19 at @ 043048, I was driving my lorry (GBF 9711.5) coming out from Hongany Mall, loading Mulading Bay, wanted to turn left into Hongany Rive 10. There what I bring (YP 9600D) parked outside at the centre lots blocking in the law. As I was statement, checking for oncoming traffic on the main road. The said lorry noved off and califed onto the from right portion of my vehicle.	
GBF 97(1.5) coming out from Hongany Mall, loading / Unloading Bay, wanted to turn left ento Hongany Ave 10. There what 2 lorry (YP 9600) parked outside at the certic lots blocking in iew. As I was statementy, checking for oncoming traffic on the main road. The said lorry noved off and collided onto the from right portion of my vehicle.	On 12/11/19 at @ 0430 hrs, I was driving my lorry
Bay, wanted to turn left ento Hologary Ave. 10. There was a lorry (4P 9600) parked outside at the centre lots blocking receive. As I was stationary, checking for oncoming traffic on the main road. The said lorry noved off and addided onto the from right portion of my vehicle.	(GBF 97118) comeno out from Howard Mall, loading / unloading
lew. As I was stationary, checking for ancoming traffic on the main road. The said lorry moved off and contided onto the from right parties of my vehicle.	Roy worded to two less enter Wharana Aug 10 There was
ew. As I was stationary, checking for oncoming traffic on the main road. The said lovery moved off and contided onto the from right parties of my vehicle.	per, warrier 40 lark legt into offer of the
new. As I was stationary, checking for oncoming traffic on the main road. The said lorry moved off and collided anto the from right portion of my vehicle.	a larry (4P 9600D) parked outside at the centre lots blocking m
rain road. The said long moved off and addided onto the from right portion of my vehicle.	view. As I was stationary, checking for oncoming traffic on the
rapht pertion of my vehecle.	nain road. The said long noved off and collided anto the from
	eacht portion of an vehecle.
	TOP TO THE STATE OF THE STATE O

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature 7 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ehicle No.	GBF 9711 S. Model/Make Toyota Dyna.
ate of Accident	12/11/19.
ime of Accident	0430 HRS
ocation of Accident	Hougang Mall (Londerg / Unloaderg Bay).
xact purpose use during acc	ident Commercial used.
lame of Owner	SIATYUN (3) Pte Lt.
elephone No.	H/P: Home: Office: 6744 1277
IRIC	199903131 H. (Gilleon).
ddress	86, Gaylang Bahru # 01-2698, Gaylang Bahru Ind. Ed. (8) 3396
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	Lonpac .
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	Z/19/ vc00/103516
Name of Driver	As Above If No, SOBUJ MEHEDI HASAN.
VRIC	6 2563097 T. Any Passengers: 02 (M)
Date of birth	04/04/1994.
Occupation	Outdoor / Indoor
Driving License Pass Date	14/02/2018.
Gender	Male P Female
Contact No.	H/P: 9833 4240 Home: Office:
Address	86, Geylang Bahra # 01-2698, Geylang Bahra and. 2st. (8) 3.39694
Driver have any own vehicle	
Relationship	Employee, If no, state
	Clear Raining Other
Weather condition	
Road Surface	
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	No, If Yes, Where?
Police Report	
Vehicle B No.	YP 960 0 D. Any Passengers: Not swe. Contact No.:
Name of Driver	Any Passengers :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	
Witness Name	
Accident Portion	Front right portion.
Camera Recorder	Yes (No)
Email Address	
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
	27 Trug .
CONTACT PERSON	

LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/19/VC00/103516

Type of Cover

: COMPREHENSIVE

Index Mark and Vehicle Registration Number

TOYOTA DYNA 3.0 MANUAL

- GRE 97115

Name of Policy Holder 2.

SIATYUN (S) PTE LTD

Effective date of the Commencement of Insurance 3. for the purpose of the Act.

24/04/2019

Date of Expiry of the Insurance

23/04/2020

Persons or Classes of Persons entitled to drive. 5.

> (A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use 6

> USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES. THE POLICY DOES NOT COVER: - USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: s\$600.00 (SECTION 1)

S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG

AND/OR INEXPERIENCED DRIVERS

S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED

ON 2ND AND SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

 Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/We hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner

· MV CREDIT PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID

: eslinyeo / hazechen

Date Issued

: 12-04-2019